

FOCUS ON *Health*

Spring
2015

The magazine for Horizon
Blue Cross Blue Shield
of New Jersey SHBP/
SEHBP members.

NJ DIRECT

Horizon HMO

4 healthy
choices you
can make today



Horizon Blue Cross Blue Shield of New Jersey



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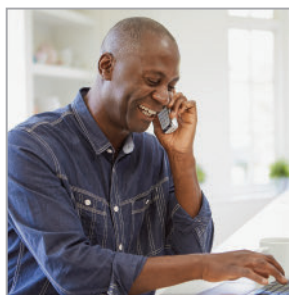
3 Watch video





Page 11

Is your baby on specialized formula?



Page 12

Take advantage of WebMD® coaching



Page 21

4 healthy choices you can make today



Improving the quality of care

- 3 Does your doctor fit your needs?
- 4 How to find quality doctors
- 5 Recognizing outstanding performance and hospital safety



Enhancing your experience

- 7 Check in with your doctor ... even if you're not sick
- 9 Quality care when traveling
- 15 Just a click away:
24/7 access to your health information and NJWELL rewards



Lowering the total cost of care

- 16 Stay in network to lower your costs
- 17 Urgent Care Centers:
An alternative to the Emergency Room
- 17 If you get a medical bill ...



Your health care news across the region
Horizon Blue Cross Blue Shield of New Jersey

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Does your doctor fit your needs?

Choosing a doctor is an important decision in health care. Your Primary Care Physician (PCP)*:

- ◆ Identifies and treats common medical conditions.
- ◆ Provides preventive care and counseling on healthy lifestyle choices.
- ◆ Helps coordinate specialty and follow-up care.

Choosing the right doctor

Do you want a doctor who:

- ◆ Is board certified?
- ◆ Has special training to meet your unique needs?
- ◆ Has privileges at the hospital of your choice?

Once you select a participating doctor, call his or her office to determine:

- ◆ Is it easy to get an appointment?
- ◆ Are the office hours convenient for you?
- ◆ Is the office staff friendly and helpful?
- ◆ Does the office return calls on a timely basis?

How to find a participating doctor

To find a Horizon Blue Cross Blue Shield of New Jersey participating doctor near you, you can:

- ◆ Visit Horizon BCBSNJ's online *Provider Directory* at HorizonBlue.com/Directory.
- ◆ Visit our mobile directory at mobile.horizonblue.com.

Remember, you get the highest level of health plan benefits when you choose doctors who are in the Horizon BCBSNJ network.

* Horizon HMO requires you to select a PCP. A PCP selection is not required for NJ DIRECT.



Take control of your health

Do you need help managing your chronic health conditions? If so, enroll in our **Chronic Care Program**.*

It's a free, voluntary program that promotes healthy living for eligible members who have been diagnosed with one or more of these chronic conditions:

- ✓ Asthma
- ✓ Chronic Kidney Disease (CKD)
- ✓ Chronic Obstructive Pulmonary Disease (COPD)
- ✓ Coronary Artery Disease (CAD)
- ✓ Diabetes
- ✓ Heart failure

To learn more about our Chronic Care Program or to enroll, call 1-888-345-1150, Monday through Friday between 8 a.m. and 7 p.m., Eastern Time, or visit HorizonBlue.com/Chronic-Care.

*Not all programs are available to all members. Please check with your benefits administrator to find out if you are eligible for this service.





How to find quality doctors

At Horizon BCBSNJ, we try to make it easy for you to find a doctor that best fits your health care needs.

**Blue Physician
RECOGNITION**

Blue Physician Recognition is a national program that allows Blue Plans to recognize doctors who have shown a commitment to delivering quality, patient-centered care through participation in accepted national, regional and/or local quality improvement or recognition programs.

Doctors in the program¹ must document certain quality measures, including:

- ◆ Blood glucose (sugar) screenings
- ◆ Breast cancer screenings
- ◆ Cervical cancer screenings
- ◆ Childhood immunizations
- ◆ Cholesterol management
- ◆ Colorectal cancer screenings

To help members easily find doctors included in our quality recognition program, the Blue Physician Recognition icon (pictured to the left) is displayed in our online *Provider Directory* available at **HorizonBlue.com/Directory**, as well as the Blue Cross and Blue Shield Association's Blue National Doctor and Hospital Finder available at **provider.bcbs.com**.

¹ Please note that not every specialty is included in our quality recognition program. Quality measures for doctors, group practices and/or clinics in New Jersey are published annually.

This information is not a recommendation or endorsement of any particular health care provider or their services.

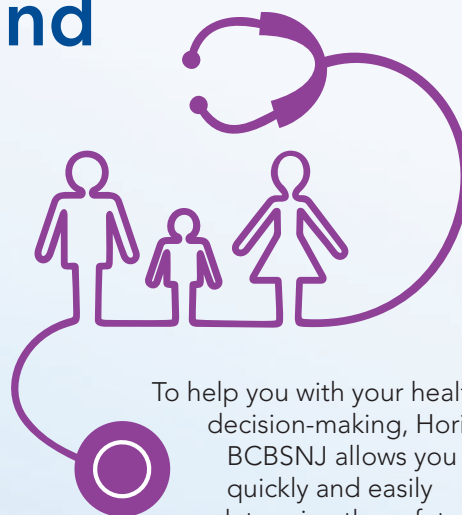
This is just one of many factors you should consider when making a decision as to which doctor you select for your care. Always seek the advice of a doctor or other qualified health care professional for answers to any questions you may have regarding your health care.

Recognizing outstanding performance and hospital safety

Horizon BCBSNJ recognizes and rewards network hospitals with good performance in the areas of patient safety, clinical outcomes, quality and efficiency through the Horizon Hospital Recognition Program (HHRP). This program is based on the highly-regarded hospital recognition program sponsored by The Leapfrog Group, a leader in health care transparency and quality.

Through their voluntary completion of the Leapfrog Hospital Survey, hospitals are assessed on three key areas:

- ◆ How patients fare
- ◆ Resources used in caring for patients
- ◆ Leadership and structures that promote patient safety



To help you with your health care decision-making, Horizon BCBSNJ allows you to quickly and easily determine the safety scores of each Horizon Hospital

Network facility by special icons included in our online *Provider Directory* at HorizonBlue.com/Directory.

For more information about The Leapfrog Group and its Hospital Safety Survey, please visit leapfroggroup.org and click the *Patients* tab.



Researching new technology and treatments

Horizon BCBSNJ regularly reviews new medical technology to decide if its use for treatment is eligible for coverage and if we need to develop medical policies for it. Horizon BCBSNJ has a process to review new prescription drugs, procedures, devices and treatments. As part of this process, we research peer-reviewed, published scientific literature.

If you and your doctor want us to review new technology that would support your treatment plan, please ask your doctor to call Horizon BCBSNJ at 1-800-624-1110.

Hospital Safety Score Indicators

We will display one of the following icons within our online *Provider Directory* to reflect the safety score of each hospital in our network:



Horizon Hospital Recognition Program

You may review the current list of hospitals participating in the HHRP at HorizonBlue.com/Providers. Simply:

- ◆ Mouse over *Products & Programs* and click *Recognition Programs and Partnerships*.
- ◆ Select *Horizon Hospital Recognition Program*.

LeapFrog Top Hospitals

We congratulate the following Horizon Network Hospitals that have been named Leapfrog Top Hospitals:

- ◆ Children's Hospital at Robert Wood Johnson University Hospital
- ◆ Englewood Hospital and Medical Center
- ◆ Hoboken University Medical Center
- ◆ Saint Barnabas Medical Center
- ◆ Virtua-West Jersey Health System



Managing your health care through prior authorizations and medical policies

Medical policies reflect current medical practice standards and information from peer-reviewed medical journals that address whether or not certain services are medically necessary or investigational.



Horizon BCBSNJ and its network of quality doctors, health care professionals and facilities strive to provide you with access to appropriate medical care when you need it.

Horizon BCBSNJ has medical policies that reflect the most current medical practice standards for a majority of treatments and services. These medical policies, along with our prior authorization or medical necessity reviews, ensure that you are receiving the most appropriate care in the most appropriate setting.

Your doctor or health care professional can view our medical policies online at HorizonBlue.com/Providers.

Medical treatment or services that require prior authorization or medical necessity reviews include but are not limited to:

- ◆ Computer Tomography scan (CT)
- ◆ Durable Medical Equipment (DME)
- ◆ Home health or visiting nurse care
- ◆ Infused or specialty medications
- ◆ Inpatient facility stay (overnight stays including charges for room and board)
- ◆ Magnetic Resonance Imaging (MRI)
- ◆ Nuclear medicine, including nuclear cardiology

Please review the Utilization or Medical Management section of your policy to determine which services require prior authorization or medical necessity review. In addition, all claims for services that do not require prior authorization may still be subject to medical necessity review even after the service has been rendered.

When your doctor or health care professional contacts Horizon BCBSNJ, he or she provides medical information about your condition or treatment plan. If the medical policy, prior authorization and/or medical necessity criteria are met, then approval* is granted.

Information about prior authorization and medical necessity is in your Member Handbook. You may also view the Member Handbook in the *Education Center* online at the **Division of Pensions and Benefits website**.

Please call Member Services at the number on the back of your member ID card or refer to your Member Handbook for the list of services that require prior authorization.

*Approval is not a guarantee of payment. The benefits of your policy at the time of service are still applied, including in-network versus out-of-network benefits, exclusions, copayments, deductibles and/or coinsurance. A service or treatment may be medically necessary but not covered under your specific health benefits plan.

Check in with your doctor ... even if you're not sick

No matter how old you are or what risk factors you may have, it is never too late – or too early – to take steps toward improving your health. Even if you feel fine, you should visit your doctor for regular checkups. These visits can help you avoid problems in the future. Routine screenings and preventive care are the best ways to help you maintain your health, now and later in life.

During your visit, be sure to ask your doctor which tests, screenings and vaccines are right for you. These may include:

- ◆ Blood pressure
- ◆ Body mass index (BMI)
- ◆ Bone density screening
- ◆ Cancer screenings, such as cervical and breast cancer screenings for women and prostate screenings for men
- ◆ Cholesterol screening
- ◆ Colonoscopy
- ◆ Diabetes screening
- ◆ Glaucoma screening
- ◆ Osteoporosis screening
- ◆ Sexually transmitted disease (STD) testing, which may include screenings for human papillomavirus (HPV), chlamydia and gonorrhea
- ◆ Vaccines, including flu and pneumonia



A well visit and certain tests and screenings can earn NJWELL reward points for eligible participants. More information about NJWELL can be found at shbp.HorizonBlue.com and nj.gov/njwell.

Sources:

Office of Disease Prevention and Health Promotion, healthfinder.gov

MedlinePlus, nlm.nih.gov/medlineplus/

U.S. Preventive Services Task Force, uspreventiveservicestaskforce.org

Preventive care services and screenings are only covered when rendered by an in-network physician or health care professional.





Access to quality care

We understand and value the importance of maintaining a high-quality network of health care professionals and hospitals.



One of the most important decisions you'll make is choosing a health care professional or hospital that best fits your health care needs. We encourage you to choose wisely.

Horizon BCBSNJ offers a broad network, making it easy to find a health care professional or hospital that is right for you and best for your treatment needs. We understand and value the importance of maintaining a high-quality network of health care professionals and hospitals.

As part of our commitment to help improve the health of our members, we have processes in place to monitor, assess and improve the quality and appropriateness of care our network provides to you.

We verify the qualifications and background of any doctor or health care professional wishing to join our network and serve our members. Our credentialing process is critical to ensuring that our standards of participation and quality are met and adhered to at all times. As required by state guidelines and accreditation bodies, all doctors and health care professionals must be recertified every three years.

Our network contains more than 22,000* board-certified doctors. All doctors in the United States must be licensed to practice medicine, but they are not required to be board certified. Board certification is a

voluntary process that goes above and beyond licensing requirements. Earning and maintaining board certification, though not a requirement to practice medicine, represents a doctor's commitment to continually expand and refresh his or her knowledge in a particular medical specialty.**

Horizon BCBSNJ also maintains standards to ensure that members have access to participating doctors and other health care professionals. Specialists who perform a high volume of services must be located within a certain geographic area in relation to our members. These access standards relate to:

- ◆ The maximum time or distance a member must travel to see a doctor or other health care professional. Generally, for a Primary Care Physician (PCP) it is 30 minutes or 10 miles from the member's city/town. For a specialist, it is 60 minutes or 45 miles from the member's city/town.
- ◆ The member-to-doctor or member-to-other health care professional ratio. The minimum number of participating doctors or other health care professionals available near the member's city/town. Ratios vary depending on specialty.

Visit [HorizonBlue.com/Directory](https://www.horizonblue.com/directory) to find participating doctors in your area.

*Numbers current at time of printing.

**American Board of Medical Specialties [abms.org](https://www.abms.org).

Quality care when traveling

As a Horizon BCBSNJ member, you have access to a broad network of quality participating doctors, health care professionals and hospitals.

Depending on your plan, you may be able to choose from:

- ◆ More than 37,000 doctors and other health care professionals.
- ◆ 78 hospitals/96 locations in New Jersey, New York, Pennsylvania and Delaware.

Please note: Network numbers are current at the time of printing.

Horizon BCBSNJ offers interactive tools and resources to help you find in-network doctors based on your plan, compare hospitals based on specific diagnoses and procedures and more. Visit HorizonBlue.com/Directory to get started.

Living or traveling outside New Jersey?

Ninety-one percent of doctors and 96 percent of hospitals in the United States participate in the BlueCard® Program.*

To find doctors and hospitals available to you through the BlueCard Program:

1. Have your Horizon BCBSNJ member ID card on hand.
2. Visit HorizonBlue.com/Directory and click *Providers Outside of NJ*.
3. Follow the directions and click *Start Search*.

Or you can call BlueCard Access at **1-800-810-BLUE (2583)** for the names and addresses of doctors and hospitals in the area where you or your covered dependent need care.

**Please check your plan to find out if the BlueCard Program is available to you.*



Get the information you need, when you need it

We recently enhanced our automated phone system, the Interactive Voice Response (IVR) system. To use the system, call the Member Services number on the back of your member identification (ID) card to find out your:

- ◆ Effective date of coverage
- ◆ Plan type (HMO or PPO)
- ◆ Coverage type (single, parent and children, two adults, family)
- ◆ Primary Care Physician's (PCP) name, if applicable

You can also get access to claim status updates, enrollment verification, contact information and much more. The information provided is available to you 24 hours a day, seven days a week for your convenience. At the end of your call, you will be provided with a call reference number to refer back to, if necessary.





Care for your complex conditions

Our specially-trained Case Managers are registered nurses who work with you to help you understand your health care options.



Our Case Management Program

If you have a serious or complex medical condition, Horizon BCBSNJ's Case Management Program* helps you get the care and services you need. The program focuses on:

- ◆ Chronic Kidney Disease
- ◆ End-Stage Renal Disease
- ◆ High-risk maternity care
- ◆ Oncology
- ◆ Supportive care
- ◆ Transplant case management
- ◆ Other general and pediatric conditions

Our specially-trained Case Managers will help coordinate your health care services with your doctor.

Our Case Managers can:

- ◆ Provide you with information to help you make decisions about your health care.
- ◆ Help you with getting authorizations for services.
- ◆ Refer you to other valuable programs or services when needed, including our Chronic Care Program.
- ◆ Give you information on community resources and other health and wellness programs.

You may be referred by your health care professional's office, request services yourself or be invited to participate based on claims data. All medical and personal information is confidential and shared only with those involved in your care. Consider discussing this free, voluntary program with your doctor.

For more information about our Case Management Program, or to self-enroll, please call **1-888-621-5894** and select prompt **2** or visit **HorizonBlue.com/Case-Management**.

*Please check with your benefits administrator to determine if you are eligible for this program.

Is your baby on specialized formula?

As a result of the New Jersey Infant Formula mandate, specialized non-standard infant formula may be a covered benefit for infants diagnosed with multiple food protein intolerance.

If your baby has not responded well to standard non-cow milk-based formulas (including soybean and goat milk) and your child's doctor has determined that a specialized formula is medically necessary,* you may be eligible for this coverage.

To qualify, your child's pediatrician may need to submit medical documentation supporting the diagnosis and the need for specialized formula to our Utilization Management Department. Once approved, the specialized formula will be reimbursed according to your medical plan benefits and our reimbursement policy guidelines.

For more information call Member Services at **1-800-414-SHBP (7427)**.

**Coverage may be subject to utilization review, including periodic review of the continued medical necessity of the specialized infant formula.*



Your rights and responsibilities

As a Horizon BCBSNJ member, you have rights. These include the right to receive information about Horizon BCBSNJ's services, policies and procedures, products, networks, appeal procedures, coverage limitations and other information you need to understand your benefits and get care.

You also have responsibilities. These include reading and understanding member materials, including your member rights and responsibilities, and other materials that explain your coverage. You also need to provide, to the extent possible, information about your health that Horizon BCBSNJ, its network doctors and other health care professionals need to know to properly care for you.

To view a full list of your rights and responsibilities, visit HorizonBlue.com/Members, mouse over *Education Center* and click *Member Rights and Responsibilities*. If you do not have Internet access, you can call Member Services at **1-800-414-SHBP (7427)** to request a printed copy.





Take advantage of WebMD coaching



Eligible participants may even earn NJWELL rewards (see page 20 for more information).

Set a wellness goal and get guidance from WebMD coaches who are passionate about sharing their knowledge. By committing to taking one small step each day – and keeping track of it –you'll hold yourself accountable and be able to see how far you've come.

WebMD Telephonic Health Coaching takes a whole-person approach to lifestyle management and is available in programs tailored to your risk level. The Health Coaching is specific to each eligible individual. If you've completed the online Health Assessment Tool (HAT) and are eligible for coaching, you'll be prompted to schedule a call with a health coach and given instructions on how to take the next steps. The health coaches will work around a schedule that best suits your needs. As a participant, the number of inbound calls from the coach can vary, but you can make unlimited outbound calls to your coach.

WebMD Tobacco Cessation Coaching combines specialized telephonic coaching, nicotine replacement and online resources to help users successfully quit smoking. After completing the online HAT, you may find yourself eligible for WebMD Smoking Cessation Coaching. Participants are eligible for five outbound calls in the 12-week program and unlimited inbound calls. With one-on-one phone support and useful online tools, you have the support you need to be tobacco-free.

WebMD Weight Management Specialty Coaching program is an intense 12-month program. After completing the online HAT, you may find yourself eligible for WebMD Weight Management Specialty **WebMD** Coaching. Health Coaches are registered nurses, dietitians, or exercise specialists who specialize in adult weight management.

Specialty hospital joins network

Horizon BCBSNJ is pleased to announce that Rothman Orthopaedic Specialty Hospital, LLC., located in Bensalem, Pennsylvania, is now part of the Horizon Hospital Network, effective **January 1, 2015**.

Under this agreement, Horizon BCBSNJ members can now use Rothman Orthopaedic Specialty Hospital at an in-network level of benefits, maximizing your benefits and minimizing your out-of-pocket expenses.

Rothman Orthopaedic Specialty Hospital is a multiple-specialty surgical hospital that is accredited by the Joint Commission for demonstrating compliance with national

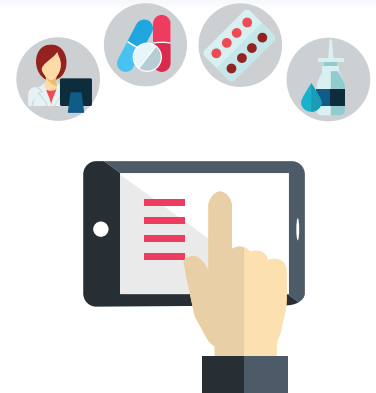
standards for health care quality and patient safety in hospitals.

The hospital provides joint replacements, orthopedic surgery, pain management and spine surgery, as well as sports medicine, foot and ankle surgery, shoulder and elbow surgery, and hand and wrist procedures.

For more information, please visit **rothmanspecialtyhospital.com**.

You can also visit our online *Provider Directory* at **HorizonBlue.com/Directory** to find other participating hospitals, doctors and health care professionals.

Please note that Horizon HMO members require a referral from a PCP to see a specialist.



Annual Privacy Notice

No action required

Horizon BCBSNJ and its affiliated companies* want insured members to know that we recognize our obligation to keep your information secure and confidential. Horizon BCBSNJ has policies and procedures to protect "Private Information" and govern appropriate use and disclosure.

Our employees are trained on the need to maintain your Private Information in strict confidence and to report circumstances of a breach. They agree to be bound by that promise of confidentiality and are subject to disciplinary action if they violate that promise. We also maintain appropriate administrative, technical and physical safeguards to reasonably protect your Private Information. Finally, in those situations where we rely on a third party to perform business, professional or insurance services or functions for us, that third party must agree to safeguard your Private Information.

When we use the term "Private Information" we mean collectively "Protected Health Information" (or "PHI") and other customer information. Private Information generally refers to individually identifiable oral, written and electronic information concerning the provision of, or payment for, health care services to you. It does not include publicly available information, or information reported in a summarized or aggregate fashion that does not identify you.

We may sometimes seek your authorization before making a disclosure of your Private Information. However, most of our routine use and disclosure of your Private Information occurs in administering your coverage. In those cases, we are not required to seek your authorization. For example, we are generally permitted to make disclosures of your Private Information without authorization for purposes of treatment, payment and health care



operations. Your written authorization is required for (1) uses and disclosures of Private Information for marketing activities, when such authorization is required by law; (2) uses and disclosures of psychotherapy notes; and (3) uses and disclosures that constitute a sale of your Private Information.

Please refer to our **Notice of Information Privacy Practices** for examples of those routine purposes, as well as additional appropriate reasons for disclosure with and without your authorization.

Under certain circumstances, such as a medical emergency, we may disclose your Private Information to a person who is involved in your care or payment for that care. We can only disclose your Private Information that is relevant to that person's involvement with your care or payment for that care. Further details regarding disclosures of this type and additional information regarding your legal rights

related to Private Information are similarly available in our Notice of Information Privacy Practices.

To get a copy of our Notice of Information Privacy Practices for insured members, which describes in greater detail our use and disclosure of your Private Information and your legal rights as they relate to Private Information, or if you have any questions regarding the content of this Notice, please call Member Services at **1-800-414-SHBP (7427)**, Monday through Wednesday and Friday, between 8 a.m. and 6 p.m., Eastern Time (ET), Thursday between 9 a.m. and 6 p.m., ET. If you have hearing or speech difficulties, please call our TTY/TDD line at **1-800-855-2881** during the same hours. A copy of our Notice can be found at **HorizonBlue.com/Privacy-Policy**.

If you believe that your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ and its affiliated companies in writing to:

Privacy Office
Three Penn Plaza East, PP-16C
Newark, NJ 07105-2200

or to the Secretary of Health and Human Services.

You will not be retaliated against for filing a complaint. All complaints must be submitted in writing. A verbal complaint will be processed, but we request that it be documented in writing.

**The Horizon Blue Cross Blue Shield of New Jersey affiliated companies, independent licensees of the Blue Cross and Blue Shield Association, are:
Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey.
Horizon Healthcare of New Jersey, Inc., including its Horizon NJ Health (Medicaid/ NJ FamilyCare) line of business.
Horizon Insurance Company.
Horizon Healthcare Dental, Inc.
Horizon Casualty Services, Inc.***

***This affiliate is not a covered entity subject to the federal privacy rules.*

Just a click away ...

24/7 access to your health information and NJWELL rewards

Member Online Services gives you secure, convenient access to your health plan information. It also offers resources for personalized health and wellness advice, and hands-on tools that help you get the most out of your health plan.

Sign in to **Member.HorizonBlue.com** to:

- ◆ **Review your benefit details** – Information about your Primary Care Physician (PCP), plan effective date, costs for in- and out-of-network services if applicable and more.
- ◆ **View your claims** – Review recent claim activity, including any amount Horizon BCBSNJ paid and the amount you owe, if applicable. You can also search for claims by claim number, date and status.
- ◆ **Manage your authorizations and referrals** – Search, view and print your authorizations and referrals.
- ◆ **Access time-saving plan tools** – Find participating health care professionals, print temporary member identification (ID) cards, replace a lost member ID card, download forms and ensure your information is up to date.

- ◆ **Manage your dental plan details** – Members with Horizon BCBSNJ dental benefit plans can check their eligibility, see dental claim statuses, request member ID cards and even change their dentists.
- ◆ **Get personalized health and wellness support** – In addition to your health plan information, you'll enjoy complimentary access to:
 - NJWELL Rewards Lobby.
 - Resources for helping you keep yourself and your family healthy.
 - Educational articles on the latest health topics.
 - Instructional videos on how to make the most of Member Online Services.
 - Tools for tracking your personal health history.



Have questions?

You can visit **HorizonBlue.com/FAQs** for easy-to-follow steps on how to get the information you need from Member Online Services. Our FAQs are organized so you can quickly find information about:

- ◆ Claims
- ◆ Eligibility
- ◆ Enrollment and billing
- ◆ Finding a doctor



Stay in network to lower your costs

By using doctors who participate in our network, you save money on your out-of-pocket medical costs.

As a Horizon BCBSNJ member, you have access to a large network of qualified participating doctors, hospitals and other health care professionals for your care.

By using doctors, hospitals and other health care professionals who participate in our network, you save money on your out-of-pocket medical costs.

If you choose to use your out-of-network benefits¹, you pay more of the costs. Your costs may include a higher deductible, coinsurance and/or copayment. Also, you pay the difference between the charges Horizon BCBSNJ has agreed to pay (allowance²) and the actual charge for the service.

Let's look at how Jane saves money when she uses an Ambulatory Surgical Center (ASC) that's in network.

Jane will have surgery at an ASC. There are two ASCs in her area. One participates with Horizon BCBSNJ and the other does not. Her health plan pays in-network and out-of-network services differently:



ASC	Charge	Horizon BCBSNJ's allowance	Jane's coinsurance or copayment	Horizon BCBSNJ's payment	What Jane pays
Out of network	\$5,000	\$1,500	\$300	\$1,200	\$3,800
			Jane pays 20 percent of the allowance for out-of-network.	Horizon BCBSNJ covers 80 percent of the allowance for out-of-network services.	Jane pays the coinsurance and the difference between the allowance and the doctor's charge.
In network	\$5,000	\$1,500	\$35	\$1,465	\$35
			Jane pays her \$35 copayment for in-network services.	Horizon BCBSNJ is responsible for the balance up to the allowance.	Jane pays only her copayment. The ASC cannot bill Jane for more than her \$35 copayment.
By using an in-network ASC, Jane saves \$3,765.					

To find a participating doctor, hospital or other health care professional in your area, visit [HorizonBlue.com/Directory](https://www.horizonblue.com/Directory).

To learn about your benefits, claims, authorizations and/or referrals, sign in to Member Online Services at [HorizonBlue.com/Members](https://www.horizonblue.com/Members).

¹ With the exception of emergency care, members enrolled in Horizon HMO, plans do not have out-of-network benefits.

² Allowance is an amount Horizon BCBSNJ has agreed to reimburse. The allowance may be less than the doctor's charge. In-network doctors have agreed to accept the allowance minus the member's cost-sharing responsibility. Out-of-network doctors have not agreed to accept the allowance.

Urgent Care Centers:

An alternative to the Emergency Room

Horizon BCBSNJ has expanded its network of participating Urgent Care Centers to provide you with more ways to access quality, cost-efficient medical care.

Urgent Care Centers provide an alternative to the Emergency Room (ER) when you are faced with an injury or illness that requires immediate care but is not life threatening. Treatment often costs considerably less than care in an ER, and an average visit usually lasts less than one hour.

The centers, with extended and weekend hours, treat wounds, sprains and other conditions that require attention within 24 hours, but do not pose a danger to a person's life or long-term health. All Urgent Care Centers participating with Horizon BCBSNJ can perform essential medical services, diagnose illness and treat emergent conditions.

Routine office visits, annual physicals, sports physicals, routine obstetric services, occupational medicine and physical therapy are not covered at Urgent Care Centers.

To receive full in-network benefits, members must go to a participating Horizon BCBSNJ Urgent Care Center that is listed in our online *Provider Directory* found at HorizonBlue.com/Directory. Generally, members do not need a referral. Please refer to your benefit booklet or certificate for specific benefit information, including applicable out-of-pocket costs such as copayments and/or deductibles.

Find participating Urgent Care Centers near you

It is important to go to an Urgent Care Center participating with Horizon BCBSNJ to keep your out-of-pocket costs low. Know where the closest participating Urgent Care Center is located before you become sick or injured.

To find the closest participating Urgent Care Center go to HorizonBlue.com/Directory and:

- ◆ Select the *Other Healthcare Services* tab.
- ◆ Select *Urgent Care Center* in the *Service Type* field.
- ◆ Enter ZIP code and select a *Search Radius* or select a *County*.
- ◆ Click *Search*.



If you get a medical bill ...

When you use a participating doctor or other health care professional, he or she files claims for you. You should not get a bill, except if your plan has a copayment or other member cost sharing.

If you do not use a participating doctor, other health care professional or hospital, you may get a medical bill. If you do, please send a completed Horizon BCBSNJ claim form and the bill to the address listed on the claim form. Include your Horizon BCBSNJ member ID number, name, date of birth and your relationship to the patient, if applicable.

To download and print a claim form, visit shbp.horizonblue.com and click *Forms*. Or, call Member Services at 1-800-414-SHBP (7427).

Definitions

Copayment: The specified dollar amount a member must pay for each medical visit or service. Your Horizon BCBSNJ member ID card includes this information.

Cost sharing: Occurs when members pay for a portion of health care costs not covered by health insurance. Examples include copayments, deductibles and coinsurance.





Voicing a concern

Any member who voices a concern, files a complaint or pursues an appeal will not be subject to disenrollment, discrimination or penalty by Horizon BCBSNJ.

You have the right to appeal any decision made regarding your health care and plan coverage. This includes administrative and utilization management determinations.

- ◆ Administrative determinations usually involve benefit issues.
- ◆ Utilization management determinations involve a denial, termination or other limitation of covered health care services based on clinical criteria.

If you have filed an appeal, Horizon BCBSNJ will provide a timely, fair and full investigation and resolution of your appeal. For a complete description of our internal appeals process, please refer to your Member Handbook or call Member Services at 1-800-414-SHBP (7427).

Medical Appeals will be reviewed by Horizon BCBSNJ in a timely manner. Once the internal appeal process has been completed, you will have the right to request an external appeal through an Independent Review Organization. You will receive a letter that will explain the process for filing an external appeal for a medical appeal.

Horizon BCBSNJ will handle Administrative Appeals as well as provide a final written determination that will contain the address for the next level of appeal through the State Health Benefits Commission.

Any member who voices a concern, files a complaint or pursues an appeal will not be subject to disenrollment, discrimination or penalty by Horizon BCBSNJ.



Women's Health and Cancer Rights Act

The federal government mandates certain health coverage for breast reconstructive surgery in any health insurance plan that provides medical and surgical benefits for mastectomies.

If your plan provides medical and surgical benefits for mastectomies, and you are receiving benefits in connection with a mastectomy and choose to have breast reconstruction along with that mastectomy, your plan must provide, in a manner determined in consultation between you and the attending doctor, coverage for the following:

- ✚ All stages of reconstruction of the breast on which the mastectomy was performed
- ✚ Surgery and reconstruction of the other breast to produce a symmetrical appearance

✚ Treatment of physical complications of the mastectomy, including lymphedema

✚ Breast prostheses, which is an artificial form of a breast to help reconstruct its original form

These benefits are provided to the same extent as any other illness under your coverage, subject to your deductible, coinsurance and copayment. All other features and benefits of your health insurance plan remain the same and are not impacted by this notification.

Please refer to your Menefit Handbook for more details on deductibles and coinsurance applicable to your health insurance plan.



Introducing Horizon Care@HomeSM

A new program, Horizon Care@Home, will help us improve the quality of home care our members receive while lowering the cost of that care. Beginning July 1, 2015, Horizon Care@Home* will manage and coordinate services provided in the home under your Horizon BCBSNJ health care plan.

Horizon Care@Home will manage durable medical equipment, prosthetics, orthotics, medical foods, diabetic and other medical supplies, traditional home health (including speech, physical and occupational therapies at home) and home infusion therapy. Horizon Care@Home will bring high-quality care to our members' homes while at the same time help to control potential fraud, waste and abuse.

**Beginning July 1, 2015, CareCentrix, Inc. and CareCentrix of New Jersey, Inc. will administer the Horizon Care@Home program. CareCentrix of New Jersey, Inc., a subsidiary of CareCentrix, Inc., is a New Jersey corporation licensed by the New Jersey Department of Banking and Insurance. Both companies are contracted by Horizon Blue Cross Blue Shield of New Jersey to administer the Horizon Care@Home Program.*

The starting date of the new Horizon Care@Home program as described is subject to the NJ Department of Banking and Insurance's review of the management services contract between the parties.



Take action for optimal health



NJWELL is the SHBP/SEHBP's wellness program focused on helping you to take action for optimal health by participating in healthy activities. Staying current on your preventive health screenings and participating in online activities and personal wellness coaching can have a big impact on maintaining or improving your health. In Year 2 of the program (November 1, 2014 through October 31, 2015), you and your covered spouse/partner can start earning rewards even if you missed your chance in 2014!

To receive your initial \$100 incentive, you need to attain 300 points. If you keep taking action, you can earn additional NJWELL points to qualify for additional incentives! Use the chart below for step-by-step instructions on how to earn points.



Step 1: These activities are required by all participants.	Point Values
Health Assessment	150
Biometric Screening	100
Step 2: Elective Activities – Build points to attain your 1st reward! 300 points = \$100 incentive	Point Values
Chat by phone with a disease management coach (if you are eligible)	100
Flu shot	75
Participate in Online Coaching	50
Age/gender-appropriate screening (annual well visit, mammogram, pap test, colon cancer screening, or prostate screening); each exam earns 25 points.	25
Participate in an Online Activity (i.e., track your steps, healthy eating, etc.)	25
Step 3: Go for it!	
When you reach 300 points, a \$100 Visa® ¹ Prepaid Card will be mailed to you!	
But why stop there? Keep going!	
Additional incentives are available for attaining different point levels: 400 points = additional \$50 incentive ² 500 points = additional \$50 incentive ²	

You have until October 31, 2015 to earn up to 500 points – that's a possible \$200 in rewards! Don't forget, your covered spouse/partner can also earn his or her own incentive card by earning points. That's a potential \$400 per couple!

For more information, visit the state Division of Pensions and Benefits' website at: nj.gov/njwell.

Speak with your doctor before starting a new nutrition or exercise regimen.

NJWELL is an incentive-based wellness program offered to active employees and their covered spouses who participate in the SHBP/SEHBP.

¹ Cards are issued by Citibank, N.A. pursuant to a license from Visa U.S.A. Inc. and managed by Citi Prepaid Services. Cards will not have cash access and can be used everywhere Visa® debit cards are accepted.

² In addition to the initial \$100 Visa® Prepaid Card, a second card will be issued at the end of calendar year 2015 if you earn 400 or 500 points in total. The second card will be for \$50 if you earn 400 points total or \$100 if you earn 500 points. Five hundred points is the maximum reward level in Year 2.



4 healthy choices you can make today

1

Be physically active –

Exercise is one of the most important things you can do for your health. It can have immediate and long-term health benefits.



2

Make healthy food choices –

Eating a healthy, balanced diet provides nutrients to your body that give you energy and keep your heart beating, your brain active and your muscles



3

Be tobacco free –

Read the article on page 12 for information on accessing online tobacco cessation programs. For additional tips visit smokefree.gov.



4

If you drink alcohol, have no more than one drink per day –

A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine or 1.5 ounces of 80-proof distilled spirits.



Talk to your doctor before starting any new exercise or diet regimen.

Source: WebMD, webmd.com